

P090000029415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

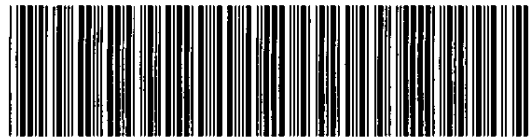
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/18/09--01014--015 \*\*70.00

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09 MAR 31 PM 12:10

RECEIVED BY STAFF  
MAR 31 2009 12:10 PM

*[Handwritten signature]*

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** 920 & Associates, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** 920 & Associates, Inc.

Name (Printed or typed)

8390 SW 72 Avenue #115

Address

Miami, Florida 33143

City, State & Zip

305-484-9422

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2009

920 & ASSOCIATES, INC.  
8390 SW 72 AVENUE #115  
MIAMI, FL 33143

SUBJECT: 920 & ASSOCIATES, INC.  
Ref. Number: W09000013097

We have received your document for 920 & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 609A00009375

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

920 & Associates, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

~~Same as above~~ 8390 SW 72ND AVE #115  
MIAMI, FL 33143

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit

### ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

~~400%~~

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Derek A. Rodriguez, Director  
10795 SW 108 Avenue, #204 Miami, Florida 33176  
Santiago L. Rodriguez, Director  
8390 SW 72 Avenue, #115 Miami, Florida 33143  
Erik M. Rodriguez, Director  
8390 SW 72 Avenue, #115 Miami, Florida 33143

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Derek A. Rodriguez  
10795 SW 108 Avenue, #204  
Miami, Florida 33176

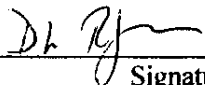
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

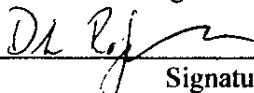
Derek A. Rodriguez  
10795 SW 108 Avenue, #204  
Miami, Florida 33176

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

3/15/09

Date

3/15/09

Date

FILED  
09 MAR 31 PM 12:10  
SECRETARY OF STATE  
FLORIDA